

Sexual Stereotyping and Role Transition in the Family

**Submitted in partial fulfilment of the requirements for the
M.Soc.Sc. (Clinical) Degree in the
Department of Social Work
University of Cape Town**

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September 1988

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Abstract

The family in Western society is increasingly perceived as threatened by a myriad of socio-cultural changes, and statistics suggest that family breakdown is cause for major concern to clinical practitioners working with families.

This study attempts to examine the issue of female role transition within the family with a view to understanding the dynamics of conflict and breakdown which are generated by departure from the female role stereotype.

A cross-disciplinary review of the literature has sought to place the discussion of case-study material within a broad psycho-social context. The emphasis throughout is on the interplay between the complex macro variables and the intra-psychic functioning of individual clients.

Five case histories are used to identify the etiological and diagnostic features which interact within the family as a sub-system. Concluding discussion offers a psychodynamic interpretation of the case material.

Acknowledgements and Thanks

There are so many people who have assisted me directly and indirectly in the completion of this dissertation and to whom I would wish to offer my sincere gratitude and thanks:

- To my son, Thomas, who lived cheerfully with a harrassed mother;
- To my friends and family who offered support, humour and encouragement;
- To Brian and Genevieve who made the technology so accessible;
- To Fiona who by example offers a wonderful model of feminism;
- To all my colleagues at the Newlands Child Guidance Clinic who gave so generously of themselves despite their own work pressures;
- To my supervisor, Francois Theron, together with my lecturers and, in particular, Shona Sturgeon, Ada Kahn, Val Moss-Morris and Jim Orton, for their guidance and encouragement; and
- To the children and their parents with whom I worked at the Newlands Clinic who so powerfully challenged me to address the issues raised in this study.

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Chapter One

INTRODUCTION

An increasing amount of attention is being given in the social sciences to the institution of the family. Burgeoning literature in both professional and lay circles has sought to offer an understanding of and clarity about the dynamics which condition the functioning of families.

Since the Sixties and Seventies there has been a wide-spread attempt by those involved in the social sciences to stem the growing tide of confusion and pessimism about the quality of family life.

“Calamity always attracts attention in the United States, the state of marriage and the family is a calamity” was the statement made by Lederer (1968: 13) almost twenty years ago. More recent studies indicate that the problem has, in all probability, worsened.

An interesting contradiction is obvious, however, in that while the destructive impact of divorce is growing, people still continue to marry. Statistics released by the RSA Central Statistical Services (1986) show that in 1985 a total of 41 313 white couples married and a total of 17 035 white couples divorced. This represents an approximate figure of 3,48 divorces per 1 000 population as opposed to 8,4 marriages per 1 000 population. Clearly, our socio-cultural environment still values marriage highly and “views marriage as an important aspect of adult life” (Van Rooyen, 1980: 16). Despite the sobering statistics

of failure, despite the attacks from radical feminists who view the family as a major vehicle of female oppression; (Bernard, 1975; Williams, 1977) despite the complications of dual career pressures and taxation burdens, marriage is still the basic preferred institution of adult relationships and childrearing.

Smith notes that the high divorce rate testifies to the 1986 fact that marriage, for many, proves less than successful. It does not provide idealised and anticipated environment for personal growth, intimacy, companionship and communication.

Many attempts have been made to identify the factors associated with, or precipitating, marital breakdown. According to Smith, one such precipitant is the move away from traditional roles together with the fact that these changes have not been internalised and therefore cause dissension. An example of this conflictual change is the influx of married women into the open labour market — a trend which, according to Van Rooyen (1980) will snowball given the growing demand for professional, semi-professional, technical, managerial and administrative personnel. Smith notes that other factors are associated with this far-reaching change: sex discrimination in the workplace (Van der Merwe, 1980); taxation system; role strain and dual-role conflict.

Van Rooyen (in Smith, 1986: 114) states that:

Assessment of achievement depends on society's scale of values which differs in terms of masculine mastery and feminine defence criteria. Female motivation to succeed at responsible work can be affected by the need to meet dual role commitments and to resolve conflicts between personal needs and ascribed role demands (1980: 3).

It seems clear, therefore, that cognisance should be taken of the changes which already exist — and which will continue to occur — in the role played by women in society. Sexual role stereotyping is being increasingly challenged. Conflict appears to be the result and marriage and family life have become

the battleground for this escalating conflict ... and the most vulnerable victims appear to be children.

STATEMENT OF THE PROBLEM

A proportion of children who presented at the Newlands Child Guidance Clinic during 1987 appeared to be emotionally enmeshed with their mothers. These mothers were having significant difficulties with their current role functioning and presented with clear indications of major stress. Although the children were the index patients, it seemed that the psycho-social functioning of the mothers was significantly disturbed at the time of the referral. This disturbance appeared to precipitate many of the difficulties which the children were experiencing.

The common theme appeared to be that the mothers were attempting to negotiate role transitions which had direct consequences in their families. These transitions represented a major developmental crisis for the individual mothers. Because of the stress associated with this crisis of role transition, it seemed that the children became the symptom-bearers of the family.

The children were therefore referred for help with a wide range of symptoms all of which seemed to be indicative of the stress generated specifically by the shifting dynamics within the family.

RATIONALE

If harmonious and positive family relationships are to be encouraged, a clearer understanding of the problems which precipitate family catastrophe must be gained. Clearly, if clinicians understand these precipitants better, all those dealing with family breakdown will be more empowered to offer help.

It appears that the norms and mores which circumscribe the socio-cultural context of family life are no longer appropriate. Lederer states unequivocally: " ... the current concept of the family is anchored legally, socially and psychologically in anachronisms and is therefore unworkable" (1968: 15).

It seems important therefore to examine the family within the constraints of the psycho-social environment in order to have a broader understanding of the myriad subtle complexities which interact within the ecosystemic whole. This broad perspective needs to be established before examination of specific issues can be attempted. It is important to also acknowledge the dynamic, non-static nature of family life: the part played by change then also becomes directly material.

One of the obvious areas of change in marital and family functioning concerns roles played by women.

Many wives and mothers are questioning — and rejecting — the traditional roles which were prescriptive of the functioning of previous generations of women. They are seeking to establish autonomous and differentiated lives which are significantly independent of their roles within the family context. This often leads to confusion and disharmony as the family struggles with the disequilibrium thus created.

This study will attempt to examine some of the issues related to female role transition in the family. Case studies taken from a clinical practice in a Child Guidance Clinic will be used to elucidate the difficulties associated with such transition for married women — and the serious consequences experienced by their children.

METHODOLOGICAL CONSIDERATIONS IN THIS STUDY

The multi-paradigmatic nature of psychology is probably a reflection of the complexity of this field of study. Arguably, the study of the human mind makes social science a most profound and demanding field.

Wide ranging methodologies have been used in an effort to broaden our knowledge and establish the elusive scientific validity so revered by researchers. These methodologies range from strictly controlled laboratory experiments to free-ranging field research; from use of specific testing schedules to inferential studies based on subjective interpretation. However, a tendency has become apparent to reject as unscientific all research which does not conform to controllable experimental procedures which generate retestable quantitative data.

In the growing endeavour to gain scientific credibility, some of the research methodologies previously seen as useful have become discredited. According to Kazdin (1981) the case study method is the most obvious example of this tendency. Smith (1986: 7) notes:

... despite its recognised heuristic value, the case study has fallen victim to such discounting because scientifically validated inferences cannot be drawn from it. Therefore its considerable use as a research tool has been overlooked.

The wealth of information — which, it has been argued, can only be gathered by using the case study method — has therefore been reduced if not entirely lost. This means that the utility and possibly the applicability to actual practice has been limited by the rigid criteria applied in “scientifically valid” results. The results may be preferable in terms of empirical research but remain “dry scientific exercises which fail to encompass the broader perspective of the phenomenon under examination” (Smith, 1986: 7).

In this study, the case study method will be used. This method has been selected in order to build a basic pilot study. The purpose is not to demonstrate a causal relationship which can be generalised to a broader population.

The considerably more modest intention is to examine the factors which contributed to the presenting problems. This qualitative-phenomenological approach is perhaps the only way to render information reflective of the evanescent and complex nature of family relationships. The qualitative, in-depth information thus gained remains highly subjective — an obvious limitation in the study — but does create a rich and detailed picture.

It is from this detailed picture that the specific — and more scientifically valid — elements can be drawn later for use in further empirical study.

Chapter Two

THE FAMILY : CEMENT OF SOCIAL STRUCTURE

2.1. THE FUNCTION OF THE FAMILY

The family has been identified throughout social scientific literature as the basis of society's order as well as the well-spring of the individual's psycho-social growth (see 3.2. below).

A survey of the literature shows two predominant points of view: The sociological view, which emphasised socio-cultural determinism, as opposed to the psychological — which emphasised innate individual intra-psychic functioning. Subtleties were added by Marxist-psychoanalytic views, such as Reich (1975), Laing (1964) and Mitchell (1974). These have served to bridge the gap somewhat. One sees therefore a synthesis of macro and micro views emerging which allows the incorporation of both structural and functional criteria into the analytic paradigm. It remains clear however that the family is pivotal to both individual and societal functioning.

2.2. THE FAMILY LIFE CYCLE

In any discussion of the family, it becomes difficult to avoid referring to families as if they were fixed or static entities. This is clearly not the case given the complexities and subtle intimacies of the on-going exchanges which make up family life.

The family is perhaps better understood not as an institution or discrete grouping within a systemic view of society, but rather as an on-going process. Adopting this view allows cognisance of the fluidity, flexibility and change which are integral to understanding the roles and functioning of the family members.

If we see the family as a process, we need to examine the literature which identifies life cycles within this process. These cycles suggest that family dynamics can be viewed developmentally and that each cycle represents a different developmental stage. This model is closely linked to the developmental model devised in terms of individual functioning (Erickson, 1972) which posits a linear progression, each stage being characterised by particular challenges or goals requiring mastery and integration before movement forward is made.

Various models of family development have been offered, and the considerable differences which currently exist in terms of the varied constructs, illustrates clearly how difficult it is to apply theoretical templates to anything as complex and amorphous as family functioning. Given the simplistic limitations of all such attempts, it would be useful to briefly outline one of the models developed. Hall and Hall (1979: 41-44) have identified six discrete phases of family development.

2.2.1. *The Couple Stage:*

The couple stage — also widely referred to as the pre-children stage or the child-free stage — represents a husband-wife dyad which ends at the birth of a child. Both parties enjoy relative freedom of choice and functioning — socially, financially and in career-building.

2.2.2. *Expanding Circle Stage:*

This begins as the first child is born and ends at the birth of a sibling. The spouse dyad changes to incorporate the parenting function, and they are forced into a relationship of greater interdependency and mutuality. The emphasis becomes one of co-operative functioning in which planning and negotiation are important features.

2.2.3. *The Peak Stage:*

This is the stage where parenting functions seem to peak, and coincide with the birth of second or more siblings. Parenting function expands with the birth of each child and this is often a period of significant role differentiation and stress. Blood refers to both stages 2 and 3 as the pre-school stage which he describes as the “maximum child-rearing input” phase (1969: 137).

2.2.4. *Full House Stage:*

Hall identifies “full-house” as the between time when the youngest child enters school and the first child leaves home. The family is fully expanded and its functioning is at its most complex and intense. Blood (1969) divides this phase into two stages:

- (i) primary-school-going children
- (ii) adolescent children

Both phases demand close parental involvement, but of significantly different kinds: One significant difference being that the earlier phase requires concrete and 'hands-on' parenting style while the second involves a distinctly more cognitive and less directive role. Parenting adolescents is clearly a very different undertaking to parenting younger children as Ginott (1972) has shown.

2.2.5. Shrinking Circle:

This stage begins as the first child leaves home and the family interaction again changes significantly. As each subsequent child achieves greater independence in physically leaving the home, the parenting role is much reduced.

2.2.6. The Empty Nest:

As the last child leaves home, the circularity of this developmental model is illustrated by the couple's return to their earliest stage together.

Again they are able to operate more autonomously and independently and family functioning is of less immediate significance.

Bearing this model of development in mind it is clear why an understanding of family functioning must include a knowledge of the particular stage of development which exists in a family at any given point.

Understanding this contextual development clearly also fosters an understanding of the particular adaptation of its individual members. With regard to the role of the woman in families, it is especially important to understand this context clearly if "we are to understand anything of the dynamics which wives and mothers face" (Mitchell, 1974:14). Because women often see themselves — and are seen by others — primarily as "wives and mothers", their

intra-psychic functioning is often lost within an examination of their systemic positions.

2.3. FAMILIES: THE DYNAMICS OF FAMILY LIFE

The family is a vital element in the structure of all societies. Whatever the relative cultural mores which condition its structure and function, the family remains a universal phenomenon: The fact of the family is constant; the form of the family is variable.

The family is also the single social unit in human society inextricably linked to all other systems. This pivotal position enables the family to meet its primary responsibility: The socialisation into culture and ensuring survival. Brodey (1977: 64) states emphatically: "The family is the primary group in which learning how to learn begins". The family holon remains of central significance throughout the individual's life.

2.4. THE FAMILY AS A SYSTEM

In order to gain a better understanding of the holistic and integrated role of families, four different models of family dynamics will be briefly analysed, using the basic argument from Anderson and Carter's (1981) seminal work: *Human Behaviour in the Social Environment*.

2.4.1. *The Family as a System of Roles:*

Roles are seen as the embodiment of the cultural expectations for behaviour and the family provides both the context and content of this process of role acquisition. Goode notes: "In all known societies, almost everyone lives his life enmeshed in a network of family rights and obligations called role relations" (1964: 1). Writing from within a psychiatric context rather than a sociological one, Lidz (1963: 75-76) states that the family "... mediates between the biological and cultural directives of personality formation and a social system in which the child assimilates the basic instrumentalities, institutions and role attributions that are essential to his adaptation and integration".

With this model, role definition and fulfilment are clearly central to the course of family life. "The healthy family carries out explicit and implicit roles appropriately according to age, competence and needs during different stages of family life" (Feldman and Scherz, 1967: 67). How this role definition occurs, however, remains a problematic issue as discussion in 2.4. above shows.

2.4.2. *Family as Cause and Effect:*

Debate has surrounded this model which posits that the family can be seen as either a 'dependent' variable or an 'independent' variable. If one views the family as dependent on the socio-cultural context in which it operates, the family will react to external demands and is therefore constantly involved in a process of adaptation and accommodation.

The family as an independent variable is less frequently cited in literature. It is argued, however, that the family can initiate change and that society at large is responsive to this cumulative pressure. Boulding (1972) argues that the family represents a "play community" by which culture is created and transmitted, thus producing wide-ranging social adaptation. The family therefore

generates change, a vital crucible in which the individual's needs meet those of society's.

The compromise position adopted by Anderson and Carter offers an inclusive view which emphasises the holistic functioning of the family. They emphasise the mutual causal interaction between families and societies.

2.4.3. *The Family as a Structure:*

The structural approach to the analysis of the family in society has provided a great deal of very useful information. Most western-type families are structured as two-generation (i.e. linear) norms with increasing numbers of families beginning to form "units of pro-creation" (Voiland *et al*, 1962: 46-47). These units, consisting of parents and their offspring "have become the structural norm of our society and are the basis of societal welfare policy" (Voiland *et al*, 1962:47). Further characterisations have been made: Parsons writes of the "isolated nuclear family" which is separated both economically and residentially from its lineage network. Billingsley, as quoted in Carter and Anderson (1984), draws on formulations by Parsons (1951) and Bales and Shils for categorising families (1968: 15-21).

2.4.3.1. Nuclear families which include three types:

- (a) Incipient, i.e. the marital pair
- (b) Simple, i.e. marital pair together with minor children
- (c) Attenuated, consisting of one parent and minor children.

2.4.3.2. The extended family, where other relatives are included in the nuclear household.

2.4.3.3. The augmented, where unrelated family members are incorporated

into the household.

The latter two categories are identified as the expanded family to emphasise the concept of "voluntary association".

2.4.4. *The Functional Approach to Families:*

Structural analysis has been used very successfully by Malinowski and Parsons, *inter alia* to demonstrate the nature of familial interaction. This analysis is often combined with functional criteria as these aspects are often inseparable. The classical work done by Radcliffe-Brown (1952) with regard to familial relationships has contributed greatly to this understanding. The family is therefore described in terms of its responsiveness to social imperatives, i.e. its functioning is the result of external pressure. The system operates by a normative process of goal attainment, pattern maintenance, integration and adaptation.

Having examined some of the more pertinent aspects of family functioning, in broad outline more specific areas need to be explored. These will hopefully provide detail to an understanding of the family and the role of women within its overall system.

2.5. THE MYTHS OF MARRIAGE

The marital bond is often the basis for the existence — and continuation — of the family and the cognisance must therefore be taken of the assumptions which consciously and unconsciously condition the state of matrimony.

Lederer (1968: 39-83) has identified what he terms as “the six basic myths of marriage” all of which combine to create powerful unconscious imperatives which greatly influence marital performance and adjustment.

Lederer (1968: 40) notes: “To understand the realities of marriage it is essential first to recognise the unrealities”.

It is useful to examine these unrealities which Lederer refers to in order to identify some of the unconscious elements which condition family life.

False Assumption 1: People marry because they love each other. Love has obsessed mankind but clear understandings of its etiology and function still elude poets, theologians, psychiatrists and marital counsellors alike. Lederer asserts that although people think they are marrying for love, a variety of reasons may actually prevail: Societal pressure; family expectations; economic necessity; loneliness; romantic tradition; neurotic wishes and projections.

False Assumption 2: Most married people love each other. Despite the ongoing romanticised view of love as the basic of marriage, more concrete issues of respect, consideration, loyalty and honest communication are in fact the cornerstones of marital relationships.

False Assumption 3: Love is necessary for a satisfactory marriage. Romance — which most spouses mistake for love — is the “quicksilver, non-logic” (Lederer, 1968: 54) which is very different to a powerful and realistic bond.

This latter concept is often dismissed — and the couple is disgruntled by their marriage.

False Assumption 4: There are inherent behavioural and attitudinal differences between males and females and that these cause most marital problems.

The debated issue of psychological androgyny has created a great deal of controversy: Lederer argues that the so-called differences cannot be generalised and can largely be attributed to social learning. If these learned stereotypes intrude into marriage, they must create conflict, fallaciously based as they are on cultural mores and prejudice. He notes: "Trouble is caused not by vast differences (which don't exist) but by the inability to choose and activate the desirable or necessary role" (1968: 67).

False Assumption 5: The advent of children automatically improves a potentially difficult or unfulfilled marriage.

It is suggested that "children keep the marriage alive by providing the parents with a *raison d'être* for the marriage and help fill the emotional and physical distances between spouses". Reference to the literature on family therapy offers comprehensive counter-arguments to this fallacy: Satir (1965); Zuk and Nagy (1967) and Haley (1972); Levenson (1972); as well as the great theorists including Minuchin (1972) and Ackerman (1958) have produced a comprehensive body of work which refutes this assumption.

False Assumption 6: Loneliness will be cured by marriage. Lederer (1964: 79) cites the loneliness caused by emotional deprivation as well as the loneliness brought about by inadequate social skills as being the precipitants of marriages based on intimacy needs. He explores this fallacy within the context of marriage concluding that one "may be lonely despite the appearance of marital

togetherness" (1964: 78).

The unconscious imperatives which operate as myths provide us with some understanding of marital and family dynamics. These may be seen as the etiological or pre-disposing factors.

However, in using an additional paradigm, we are able to identify the factors which maintain marriage and family life. These are often significantly different to those identified as precipitants: A brief examination of these maintenance factors will further elucidate the complexities of the family system and implications for its change.

2.6. THE FAMILY CONTRACT

The marital and family bond can be viewed as a contract — this is recognised and formalised in law by the existence of statutes which specify the contractual basis of the marriage.

However, much of the contract is often only intuitively identified by the partners and then negotiated in rather ambiguous terms. It is this ambiguity which then often creates problems later when family members — particularly wives and mothers — try to re-negotiate the terms of their somewhat ambivalent marriage contract. Discussion of the concepts of roles and boundaries later emphasises the difficulties of changing something which was never explicitly stated, clearly negotiated or specifically agreed upon. The maintenance elements of this ambiguous contract are then questioned and therefore become seriously threatened. The family is then forced into a struggle and the crisis of transition ensues. A discussion of case-studies will later show how this crisis of challenge and transition may precipitate breakdown of family and/or individual function.

Four particular areas of ambiguous contracting will now be examined briefly.

2.6.1. *Family as an Economic Union:*

“Time was, and it was all time up to 200 years ago, when the whole of life went forward in the family, in a circle of loved, familiar faces, known and fondled objects, all to human size. That time has gone forever. It makes us very different from our ancestors”. (Laslett, 1979: 609).

Anthropologists, sociologists, and more recently political scientists, have chronicled the changes which families have faced, particularly with regard to their economic function.

Traditionally, the household was the crucible of the family’s economic enterprise — “Home was once where people made a living” (Fullerton, 1972: 5). All family members were united in the family production of the common livelihood. There was no traditional division of conjugal roles between provider and homemaker. The roles of husband and wife were a blend of domestic and productive functions until industrialisation created a new role for the husband: the provider of a cash income earned away from home.

This saw women trapped in what Parsons (1955: 133) described as “the pseudo-occupation” of the housewife role. Significantly, as the economically productive aspects of the housewife’s role have eroded, the nurturing aspects of her role as wife and mother were greatly emphasised. This trend is documented clearly in the literature — from Bowlby’s seminal work (1951) on bonding through the burgeoning literature of the Sixties on the role of mothering. Motherhood became the focus of identity until the Second World War, which, according to Fullerton, heralded the movement of housewives

out of the home and into the labour market. He notes that "by 1969, 55 per-cent of married women with children under eighteen and with husbands living at home, were in the labour market" (1972: 18).

One sees a newly emergent economic symbiosis in which both husband and wife share economic functions. This is the neo-traditionalist family which is attempting to negotiate a symbiotic contract which implies shared responsibility and reward. Both move between the macrocosm and microcosm in an attempt at healthy integration. This new partnership element — with dynamics similar to those of the settler farmer, cottage industry or family business of a bygone era — has emerged in the urban, technological environment of the Eighties as the "new" family.

Economics have thus become an important facet of role delineation in marriage and have precipitated major change in the marital contract.

2.6.2. *Search for Intimacy:*

Sociological observations of the family have traced the primarily economic revolution which has significantly changed the nature of familial interaction. The family was seen as the primary group, i.e. the interface of intimate interaction within an enduring, discrete entity which promoted intimacy, emotional security and inter-personal solidarity.

As the separation of family and economic activity escalated, economic roles have evolved as "impersonal, formal and emotionally detached: the kind of behaviour that characterises secondary group relationships" (Fullerton, 1972: 29). He adds: "The same social and technological changes that removed productive functions from the family have contributed to the emergence of what C. Wright Mills terms the mass society" (Fullerton, 1972: 30). If one ac-

cepts the concept of an emergent mass society, closely linked are the criteria which are seen to determine its nature, viz, individual isolation, transitory relationships, alienation, tenuous cohesion and inconsistent mores.

It is argued that mass society coerces the individual into a "false personalisation" which Riesman postulates as the individual's attempt at adapting to the numerous and varied demands made of him. The traditional sources of identity of the family and the community are no longer available as physical mobility, and increased education opportunities weaken the personal ties which previously circumscribed the parameters of the individual's world.

It is within this context that marital intimacy can be seen as the striving beyond "the dark side of freedom" (Fullerton, 1972: 38). The marital bond is therefore increasingly seen as the antidote to existential loneliness: Marriage then becomes a means to recreate the intimacy of primary familial relationships and an antidote to the fragmentation of the urban kaleidoscope.

2.6.3. *Sexual Union:*

Fullerton states: "The 'Sexual Revolution' in America is, above all, a revolution against the double standard that characterised the age of prudery; it is a rejection of the hypocrisy of the double standard, an acceptance of feminine sexuality, a shift in the pattern of premarital sexual bargaining, and a trend toward greater sexual permissiveness" (Fullerton, 1972: 81).

The changes thus described are profound and have affected all levels of society. The feminist movement began creating hitherto unexpressed controversy during the 1960's — seminal works such as Millett's *Sexual Politics* and Greer's *The Female Eunuch* contributed greatly towards the analysis. According to Fullerton, "egalitarianism and affection have become the founda-

tion of the emerging sexual code" (1972: 97). This argument further implies that a series of commitments, each seen as a discrete episode, has emerged as the basis of premarital relationships. Marriage has therefore arguably lost one of its basic foundation stones: marriage is no longer seen as the only sanctioned basis for sexual expression. A powerful marital imperative has eroded therefore and sexuality has been given "freer expression" than ever previously "without the societal pressure of guilt" (Reiss, 1967: 173-174).

2.6.4. *Parenthood:*

"Between the freedom of sexual life and the freedom of becoming a mother, a sharp distinction is drawn in all human societies including our own" (Malinowski, 1944: 135).

Marriage may be seen therefore as a society's attempt to control the reproductive behaviour of its members and pregnancy outside of marriage is, despite the dramatic change in sexual mores referred to in 2.3. above, still regarded generally as a privilege of marriage. The marital dyad has therefore still retained its socially-sanctioned role as the procreative unit. The principle of legitimacy outlined in Malinowski's seminal work, is according to Goode, still much in evidence. "The most important moral and legal rule concerning the physiological side of kinship is that no child should be brought into the world without a man assuming the role of sociological father ... the male link between the child and the rest of the community" (Goode, 1930: 157).

Marriage is still therefore the basis of procreation. Linked to this tenet is the allied function of socialisation. The child's need for nurturance, constancy and appropriate teaching, are still largely invested in the family: writing from within a clinical rather than sociological context, Rutter notes that "the fami-

ly remains the crucible of primary socialisation" (1977: 105). The centrality of the familial network to the adjustment and development of the child has been widely documented in the relevant literature.

Chapter Three

THE FUNCTIONING OF STEREOTYPES

Since the Seventies the concept of sex role stereotyping in the family has engendered a great deal of debate. Attention was given to the factors operating to create stereotypes as well as those which perpetuated what was seen pejoratively as rigid and oppressive thinking.

It is necessary therefore to review the thinking which led to the alternative view of androgyny as an alternative psycho-sexual mode of being.

3.1. ORIGIN OF SEX ROLES

Sex role behaviour is defined by Heilbrun (1981: 4) as:

Manifest behaviour of the individual corresponding to societal stereotypes for men or women or the correlates of these stereotypes.

Clearly, if one uses Heilbrun's assumptions, role stereotypes are largely determined by gender, i.e. biological criteria. These criteria then become the basis of one's own beliefs as well as those of society in a consensus of what is typical or female behaviour.

This inter-relationship is clearly a prescriptive one, which gives rise to the concept of roles based on sex-typing. Roles are defined by Van Rooyen as follows:

Norms are roles of behaviour, and roles are patterns of norms associated with social positions. Roles are associated with positions in that they specify the kinds of behaviour that are expected of people in those positions (1980: 14).

Clearly, therefore, much of the behaviour which is thought to be freely chosen is in fact conditional on sex-role expectations — Bardwick (1979) alleges that sex-role expectations are the basis of much of our behaviour.

The basis of sex-role stereotyping has been examined within the social sciences and varied criteria have been used within differing theoretical perspectives in trying to establish its etiology. Four differing viewpoints offer a wide-ranging perspective of the problem.

3.1.1. *Biological Theories:*

The biological theory of sexual stereotyping identifies the inherent differences between male and female as being that of male aggression as opposed to female passivity. Referring to varied animal studies, Weisfeld (cited in Hutt, 1972: 107-108) identifies our 'evolutionary heritage' as

that ... (which has) predisposed the males to be more aggressive, more exploratory, more vigorous and more group-oriented and the females to be relatively more passive and dependent, more nurturant, more verbal, more concerned with morals and social convention and less adventurous.

This somewhat narrow view of biological determination has been criticised widely. Bardwick points out that there is

always ... the temptation to simplify and assume either a position based on constitutional determinism [with a little socialisation thrown in] or one based on environmental determinism [with a nod toward some unexplicated physiological factors] (Bardwick, 1972: 1).

The nature-nurture controversy has precipitated a great deal of research, none of which appears to have reached specific conclusions. Current sociobiological theory is perhaps best viewed in the context of Stockard and Johnson's statement that "While some of the physical differences have probably been important in the maintenance of human society and the preservation of the species, none of the physical differences can account for the maintenance of male dominance" (Stockard and Johnson, 1980: 144).

3.1.2. *Psycho-analytic Theory:*

The Freudian view of behaviour strongly emphasises biological determinants — Freud alleging that anatomy is indeed destiny. The psycho-analytic model is one which emphasises the individual's psycho-sexual development through specific invariant stages. The successful negotiation of these developmental phases will lead to mature adulthood.

The most critical phase of this development is contingent on the resolution of the Oedipal complex for boys and the Electra complex for girls. The boy is expected during this period to identify strongly with the same sex parent as a consequence of his sexual desire directed at the mother. Girls, however, experience unconscious ambivalence and hatred of the same sex parent in the unconscious desire for the exclusive love of the father. This inner conflict is never resolved and leaves the girl with an incomplete personality characterised by three significant traits which Freud identifies as feminine, viz. passivity, masochism and narcissism (1977: 303-312).

The boy, in this phallocentric phase is intensely attached and attracted by his mother. The intense rivalry which he experiences with regard to his father in his unconscious wish to replace him, creates fear of retribution and annihila-

tion in the form of castration. All of these unconscious processes are repressed and the libidinal impulses are directed instead in a reaction formation by a process of identification with the father. The male identity is thus introjected — along with parental and societal values — to create the superego.

The girl's intra-psychic dilemma is more complex in that, according to Freud, the female child suffers from feelings of deprivation and anger when she realises she does not have a penis. As this dilemma cannot be resolved, the girl is left with life-long penis envy and an immature superego — unable to introject paternal values because of the inadequacy of identification and equally unable to introject maternal values because of unresolved anger and ambivalence toward the mother.

This classical view is strongly criticised for its phallocentric and deterministic rigidity (Williams, 1977; Bernstein and Warner, 1984).

Mitchell (1974) follows on the neo-Freudian criticisms initially voiced by Deutsch (1944). The latter, while attacking Freud's basic dismissal of the female psyche as that of being a castrated male, remained invested in the notion of biological determinism. She argued that only in motherhood can a woman become "fully active and rooted in reality" (1944: 140). This once again presumed that women are dependent creatures unable to achieve psychological maturity other than by the mediation of others. Mitchell challenged this basic position leading the argument currently held which allows for the influence of socio-cultural values as well as gender stereotyping.

3.1.3. *Social Learning Theory:*

Social Learning Theory was largely the fore-runner of the Cybernetics and Systems Theory movement of the Fifties. The basic thesis is that principles of

operant conditioning whereby differential systems of reward are the responses to certain behaviours, are applied throughout childhood. Children thus learn what desired behaviours are including those associated with sex-roles. Thus, adolescence is an opportunity for most young people to integrate these behavioural elements into a coherent sexual identity — the emergence of which is again reinforced by socio-cultural norms.

Behaviour is not only learned by experiential operant conditioning, but also, according to Mischel (in Maccoby, 1966) by means of observational learning, i.e. by role-modelling imitation of significant others.

Research evidence shows that boy and girl children are treated very differently from within the first few weeks of life. This may constitute an important determinant of behaviour and the overall sex-role stereotyping introjected. For example, Lewis (1972) showed that infants of three weeks of age were treated very differently in terms of proximal versus distal behaviour and that girls were far more likely to be held and spoken to in a face-to-face position thereby encouraging interaction. He interpreted this as the beginning of masculine external orientation.

Studies have also shown strongly-stereotyped parental expectations with regard to infant behaviour. Birns (1976) found that adults attribute emotions to infants dependent on their perception of the sex of the child. Lamb (1976) extended this research to show that not only expectations but physical interactions between parents and boy/girl babies were significantly different. He showed that by the second year of life, fathers interacted twice as actively with boys as they did with girls.

Researchers found too that older children were predictably given societal roles based on sexual criteria. These enforced stereotypes in chicken-and-egg

circularity: girls were expected to be more nurturant and obedient while boys were pressurised to be competent achievers (Whiting and Whiting; Barry, Bacon and Child, in Stockard and Johnson, 1980: 38).

3.2. PSYCHOLOGICAL ANDROGYNY

The conflict between male and female roles in the family has been well documented in the literature, especially in feminist analyses. The combined forces of the three major sociological shifts which occurred in the 60's and 70's — viz that of the feminist movement, the human potential movement and the sexual revolution — created a new polemic which questioned many of the previous role structures and conventions.

A new 'freedom' was established which heralded androgyny as a viable alternative to the previous rigidity of the male/female dichotomy in what was seen as a sexist culture. This reconceptualisation was "heralded as a panacea for the social ills associated with the limitations of outmoded convention" (Heilbrun, 1981: 64).

These beliefs can be traced clearly in the literature of the social sciences viz that traditional sex roles are confining and that new role and boundary definition will encourage both instrumental and affective functioning for both sexes. This supposition has been well researched and a number of studies conclude that androgyny is indeed associated with good adjustment (Bancom and Sanders, 1978; Bem, 1975; Bem and Lenney, 1976; Block, 1975; Heilbrun, 1976; Orlofsky, 1977; Spence *et al.*, 1981).

The underlying foundation of all the research appears to be that strongly sex-typed attitudes and behaviours are limiting and restrictive while androgynous responses facilitate a wider-ranging behavioural repertoire (Cristal and Dean,

1976).

Warren (in Vetterling-Braggin, 1973: 173) states:

Supporters of androgyny argue that to be confined to either masculine or feminine modes of behaviour is to be less than what a complete and competent human ought to be.

Much of the euphoria has dissipated however. Although significant changes towards egalitarianism in marriage has occurred (Parelin, 1975), men remain less open to change than do women (Komarovsky, 1976). Socio-economic pressures together with sex stereotypical conditioning appear to have founded the progress which had been eagerly anticipated.

3.3. FAMILY VERSUS CAREER NEEDS

While the family is progressing through the stages outlined, either both parents or one parent is often involved in a career. One therefore sees the potential impact of one system's functioning on the other. We need therefore to examine some of the elements within the system. The career cycle usually consists of:

Exploration — considering options and making a choice

Preparation — training and orientation for a career

Expansion — trying-out jobs

Establishment — acquiring experience and status

Consolidation — achieving peaks

Disengagement — retirement

This pattern does not mesh well with family development. In traditional families (refer to 2.2. and 2.3. above), the "family cycle supports the husband's work cycle (St John Parsons, 1978) and the two can be seen as significantly supportive. However, in dual-career families this is clearly not the case as wives, in particular, appear to experience the brunt of the clash in interests between family interests and career development. The literature shows clear documentation of this clash (Oakley, 1976; Orden and Bradburn, 1969 and Lloyd and Archer, 1976). It seems that even in neo-traditionalist families where moves away from sex-roled behaviour exist, working wives still do more family-based activities than their husbands (e.g. washing, shopping and cooking).

Young and Wilmot (1980: 121) have noted however that this is changing: "If women go out to work, and if their roles are not different from men, so much the more difficult it is to preserve segregation in their roles at home". The crucial issue, however, appears to be that women's place in the career stakes is often not similar to that of men's and this clearly also impacts on the family even though increasing numbers of women are choosing to work (Van Rooyen, 1981). The problems they face have been documented: they generally have inferior status and remuneration, compared with male occupations (Coote and Campbell, 1982; Aldred, 1980) and even when occupations are similar to men, they are still paid more poorly and promoted less often than men (Aldred, 1980; Fogarty *et al.*, 1971).

Singer (1984: 56) notes that women are "hindered in their pursuit of careers by their traditional and biological roles". This widespread assertion has elicited a great deal of feminist support and has given rise to demands for equal opportunities for work, taking women's biological roles into account by giving women unequal opportunities (Rowbotham: 1972). Women appear also to have difficulties as regards their own attitudes to their traditional roles.

“Women continue their own oppression” has been the charge of more radical feminist groups.

Fogarty *et al.* (1971), Symonds (1979) and Paloma and Garland (1971) all have produced results which indicate that working wives and mothers still feel themselves largely responsible for parenting and homemaking functions.

Challenging the “oppression” which Mitchell refers to, appears not to have been entirely successful and women have exacerbated their difficulties by experiencing high levels of guilt and anxiety with regard to both their work as well as home-functioning. Staines *et al.*, (1978) and Yogev (1981) both show, with a decade between writing, that marital adjustment and marital satisfaction are not adversely affected in dual-career families. Similarly, children do not appear to be negatively influenced by having two working parents (St John Parsons, 1978; Hall, 1972 and Rossi, 1971).

Despite these — and many other findings — which offer support to the emergence of dual-career family systems, neo-traditionalist families do have to devise creative and new solutions to family needs. This is particularly crucial during the peak stage. Various researchers have shown that this transition toward newly-evolved coping mechanisms is vital (Rapaport and Rapaport, 1971; Gray 1979; and Hall, 1972).

This involves “a psycho-political solution” according to Mitchell, citing as she does a comprehensive network of fundamental changes in attitudes and ideologies. This view of comprehensive change required in order to facilitate and support the autonomous and individuated functioning of women has received a great deal of support (Fogarty *et al.*, 1971; Adams and Winston, 1980), but further change is clearly necessary:

... presently ... marriage lies somewhere between the totally egalitarian marriages which could emerge in the future and the high traditional marriages of the past (Moore and Sawhill, 1978: 204).

Steinem concurs: "Until then, ... children will go on growing up with the belief that only women can be loving and nurturing and only men can be intellectual or active outside the home" (1984: 214).

Chapter Four

RATIONALE FOR USE OF CHILD GUIDANCE CLINIC CASES

A total of 181 children were referred as new cases to the Newlands Child Guidance Clinic during the period of 19 January to 6 December 1987. The Clinic was asked to assess these children and provide any treatment necessary.

The reasons for referral were wide-ranging and reflected the difficulties experienced by children in lower and middle income families in an urban environment. All the children were of school-going age and all the referrals originated within the schools attended by the index patient. The geographical limits of service are the two magisterial districts of Wynberg and Simonstown. The general client population is therefore a heterogenous one which spans a wide range of educational, financial and class levels.

The five case studies presented in this dissertation cannot be seen as representative of the client population. They were chosen randomly because they appeared to share a common element, viz. a problematic relationship between a mother and daughter, the former apparently undergoing a major life transition and the latter the bearer of significantly pathological symptoms.

This small study does therefore not claim applicability to a larger population. It serves to highlight some diagnostically significant links. When these links are examined within the context of the forgoing theory and literature cited in chapters two and three, a number of tentative conclusions may be drawn. These will be discussed further in chapter six.

SELECTED CASE HISTORIES

1. Mary F:

Presenting Problem

Mary, the 17-year-old only child of the family had been diagnosed by a psychiatrist as suffering from agitated depression. She had become school phobic and had been virtually confined to the family home for two months. Medication had not helped her. Both parents felt desperate as their daughter was becoming increasingly negative, a-social and agrophobic and they had been informed by her school that as she had missed virtually the entire second term's schooling, she would not be re-admitted. Mary's psychiatrist wanted her to be hospitalised and both parents, aghast at this possibility, sought a second opinion.

Presentation of the Problem

Mr and Mrs F came to the clinic to discuss their daughter's problems. They recognised the seriousness of Mary's situation but felt that allowing her to be admitted to a psychiatric ward for further treatment was going to compound

rather than solve the problems.

Both expressed confidence in the psychiatrist but were stressed because his treatment had had no positive effects as yet — Mary's condition had deteriorated and her impending hospitalisation was interpreted by them as confirmation of their worst fears, i.e. Mary was a "mental case" and faced a future blighted by serious emotional disturbance.

Their second area of concern was why and how this situation had arisen. Both became very distressed in describing the changes which had occurred in their daughter during the past six months. They described her pre-morbid personality as vivacious and happy and her lifestyle appropriate to that of a well-adjusted teenager who enjoyed every social, financial and family advantage. They felt the "wreck" who drifted around their home was not the same person and feared greatly that they had lost their child in some terrifyingly inexplicable way.

A concern which arose at this point was their own functioning. Father expressed great concern about mother's physical and emotional health voicing fears of her "also having a breakdown". Both parents acknowledged feelings of failure, guilt and anxiety. They had become morbidly pre-occupied by their daughter's problem to the exclusion of virtually all else in their lives — they felt overwhelmed and inadequate and were very fearful of the future.

Highlights of the Family History

Mother and father were married when both were in their early twenties. Mother had a part-time job and both were keen to begin a family. They described themselves as quiet, "homely" people.

Mother's first pregnancy was unpleasant and complicated by various medical difficulties. She carried to full term but their baby boy was stillborn. The shock "never really wore off" according to mother and she still has anger and resentment about father's emotional distance and lack of support. She recalls desperately wanting children and almost immediately falling pregnant. Although this pregnancy was uncomplicated she remembers being tense and anxious. She "had learned" to keep her feelings hidden "but was very relieved when Mary was born a healthy, normal baby.

Mrs F was pleased to be a mother and home-maker and recalls the years of Mary's childhood as being happy ones for the family. Mr F became very involved with his business and recreational sporting interests. Mrs F's interests, by contrast, narrowed but she felt fulfilled in her role. Both parents were disappointed in that, they had no other children. No medical reasons were established despite two batteries of tests and the subject "was dropped".

Both parents were very involved with Mary but Mrs F has always viewed her relationship with her daughter as being "very close". She was very involved in Mary's school and extra-mural activities and "built her day around Mary's doings". Mother and daughter enjoyed gardening, sewing and cooking together and were "very good friends".

Difficulties arose when Mary turned fifteen and no longer wanted her mother to drive her to and from school, accompany her shopping or be present when friends visited. This conflict was significantly increased when Mary began a relationship with a boyfriend. Mother felt that their relationship was "too intimate" and that Mary's energies were too exclusively channelled. Both parents felt hurt by their daughter's refusal to "partake in family life". And they were bewildered by the secrecy and aloofness which they perceived in their daughter. Mother's relationship with Mary became increasingly conflic-

tual and she describes Mary as "hostile and selfish" at this time. The situation worsened dramatically in November 1986 when mother discovered that Mary and her boyfriend — "whom we had treated as a son in our home" — were involved in a sexual relationship. Mother became very depressed and for three months, barely spoke to her daughter. However, when her daughter became ill in 1987, mother says she "pulled herself together" because she "saw that Mary really needed her".

Father corroborated most of the history but noted that his wife had only really been happy while Mary was young. As they both grew older, he felt that his wife had become "confused". She was very anxious about fulfilling her role as a mother and felt less and less able to do so. She had "lost her confidence" and now seemed "rudderless in a storm". Mother tearfully agreed but angrily added that she had done all that she could for both her husband, daughter, infirm parents-in-law as well as her chronically-ill mother. She had been "finished" at the end of the previous year but was strong again now because she "knew that she was the person most able to help her daughter". She wanted to re-establish the "wonderful friendship" which they had had.

Assessment

It appeared that both Mary and her mother were dealing with issues of individuation. Their relationship had been very good and both had felt cherished and contained until Mary entered adolescence. She began exploring relationships outside her family and demonstrated a growing independence and individuality. This appeared to precipitate a crisis in her mother which was exacerbated by mother "finding out" that her daughter was involved in a sexual relationship. Mrs. F felt alienated from her daughter and her life seemed to have become empty and purposeless. She was unable to negotiate change in her role as a mother and felt that she no longer had an identity. She

experienced Mary's behaviour as a negation of her sense of self and an attack on her precarious ego. She was angry and resentful and withdrew into depression. Mary was unable to tolerate her mother's withdrawal and in turn she became depressed and school phobic: a major symbolic regression which enabled her to retreat back into her family. This regression facilitated mother into once more adopting her mothering role and both were now locked into a pathologically dependent relationship.

Treatment and Outcome

After negotiation with the psychiatrist who had been treating Mary, the following management programme was agreed upon:

- (a) Mother would have individual sessions once weekly and an additional conjoint session would be held every second.
- (b) Mary would be brought by her father once weekly for therapy.
- (c) Mary's medication would be suspended.

The outcome was very positive in that within two months Mary had regained her previous levels of functioning. She was not able to return to school but completed her year at a college instead. Both Mrs F and her daughter needed a further four months in which to explore and consolidate role changes.

At the end of this time both had established lifestyles which were significantly more independent and satisfying. Work with the couple dyad had also facilitated changes and Mr and Mrs F were able to spend weekends away from home and generally pursue more adult-oriented recreation.

A feedback session three months after termination confirmed that the gains made had been sustained and that Mary was planning to pursue her post-matric training away from Cape Town returning home at weekends. All three

family members seemed to view this as a positive example of their progress in resolving their developmental crisis.

2. Haley S:

Presenting Problem

Haley was referred as an urgent case by her class teacher who suspected, because of the injuries to the child, that she was being physically abused by one or both parents. Examination by a medical doctor confirmed that the child had been seriously assaulted. An immediate interview with the parents confirmed that her stepfather assaulted Haley at least once a week. Both parents acknowledged that the situation was out of control and that Haley's injuries were potentially dangerous.

Immediate Case Management

After a lengthy intake/assessment interview with the parents, the following significant factors emerged:

- (a) mother felt she was emotionally out of control and was not willing to have her daughter at home any longer;
- (b) step-father was also experiencing a great deal of stress, related to poor health, financial problems, a failing business, personal bereavement and marital problems;
- (c) both parents viewed Haley as a "deceitful, awful, manipulative" child — an "absolute monster" — and they wanted her removed from their care;
- (d) while stepfather was the one who regularly hit her, both parents shared the responsibility for the assaults;
- (e) stepfather was significantly depressed, and expressed suicidal ideation.

In view of the escalating pattern of violence together with the parents' current levels of stress the following management strategy was adopted:

- (a) Haley was placed on a 14-day retention order in a place of safety where appropriate care could be offered to the child;
- (b) further assessment of the family was to be made within that period before a specific treatment plan could be implemented.

At the end of 14 days the following additional information had emerged:

- (a) mother had instigated and encouraged the assaults by her husband on Haley;
- (b) mother had major intra-psychic difficulties associated with her role as a mother. She projected these onto her daughter whom she goaded and urged her husband to punish severely;
- (c) both parents were aware of the pathology in the family and expressed commitment to therapeutic intervention;
- (d) Haley was a demanding, sly child at school and was unpopular with all her teachers and peers.

The treatment plan which was formulated involved a team approach offering multiple therapeutic input directed at different target problems. The team agreed to work simultaneously for eight weeks with a view to reassessment and planning at the end of that period. The target problems identified initially were:

- (a) current parenting practice
- (b) mother's identity and role confusion
- (c) Haley's unsocialised behaviour
- (d) father's depression

The parents agreed to once weekly conjoint counselling with a view to facilitating their development of more appropriate parenting skills. Mrs S agreed to

once weekly individual therapy in order to deal with her intra-psychic conflicts which impeded her functioning within her family. Haley's difficulties were to be addressed by using behaviour modification techniques and involving the school teachers and parents in a closely-monitored system of reward and punishment. Mrs S was to begin immediate anti-depressant medication. All treatment programmes began and ended simultaneously.

The considerable professional input was shared by three professionals: one saw the parents weekly and the second worker worked with the mother and the school, while a psychiatrist monitored father's medication and progress.

Highlights of the Family History

Mrs S had endured a childhood deprived of emotional warmth and security. She viewed marriage as an acceptable escape from this bleak, unhappy family life and married "the first available prospect". The initial years of marriage and Haley's babyhood were happy and Mrs S felt secure and contented "for the first time" in her life. However, she came to feel increasingly claustrophobic and stifled and longed "to get away" from the demands of intimacy which she resented.

She recalls this period as being very traumatic and by the time that Haley was eight, Mrs S was becoming hostile towards her. She chose to begin working again and within the space of a year became very committed to her job as well as various sporting and recreational pursuits. She achieved very well in both the work and sport environments and these achievements gave her a new-found sense of competence and confidence. Her home life was deteriorating drastically however. Both her husband and child became "very demanding and jealous" and mother withdrew even more into her newly-established circle. The marital relationship was ambivalent and chronically conflicted and

divorce "was mentioned".

During the eighteen months preceeding the referral, Haley became "impossible at home". Numerous complaints were received from school as well and both parents became frustrated and despondent. Mother appeared to have fluctuated between two extremes: she either withdrew from her mothering role to the extent of refusing to talk to Haley and at other times "making a new start" and "really trying to be a perfect mother". The pendulum swung erratically with very little co-operative effort between the parents.

Stepfather was experiencing health problems and his business was also failing. He became increasingly depressed and consulted a psychiatrist who recommended a six-week course of anti-depressant medication. Mother felt guilty and, to some extent responsible, for stepfather's "collapse" and became very nurturant and protective. It was during this period (i.e. one year prior to referral) that stepfather began assaulting Haley. Mother felt that "strict discipline" was called for as Haley was "completely out of hand". She supported, and in fact usually instigated, stepfather's giving Haley severe hidings. Stepfather appears to have been significantly depressed and overwhelmed and his behaviour was often irrational. Mother's earning capacity had increased greatly and her salary now supported the family as stepfather's business continued to fail.

Mother felt that she bore all the responsibility in the family and that both Haley and stepfather were "destroying" her. She felt that she and her husband could re-establish themselves emotionally and financially but that Haley was a destructive element in the family and should be "sent to boarding school ... far away." Both parents acknowledged that their parenting of Haley was damaging and destructive.

Assessment

A number of themes emerged as the history unfolded. Much of the confusion and dysfunction in the family appears to have been linked to the difficulties Mrs S experienced in her role as a mother. A great deal of intra-psychic conflict and anxiety were precipitated by the intimacy and dependency of this role and she attempted to avoid this stress by losing herself in work and recreation. This defensive strategy achieved some success but was short-lived because her difficulties were then expressed within the marital relationship. Mother became increasingly stressed in her role as wife and attempted again to sublimate these difficulties in pursuing her extra-familial interests.

Her role confusion was precipitated by the emotional conflict she experienced when dealing with the dependency needs of her daughter and husband. Her own emotionally impoverished childhood had not enabled her to develop sufficient ego strengths and this lack of resources clearly contributed significantly to the family's stress.

Allied to her role conflict, a theme of defensive hostility pervaded all of Mrs S's behaviour within her family. This hostility was directed largely at Haley and mother appeared to have manipulated her husband into expressing her (mother's) anger. Stepfather's attacks can therefore be seen as symptomatic of mother's difficulty. However, stepfather also had major problems.

Several factors combined to overwhelm Mr S: His faltering marital relationship, his stepdaughter's problems, his wife's anger and withdrawal as well as his health and business problems, created severe stress. He became depressed and increasingly dysfunctional, and his wife experienced him as another emotional burden.

An overall picture emerged of a family system failing to cope with the major demands being placed on it. The escalating violence in the family was a significant stress symptom. This precipitated the referral but it was the underlying dynamics maintaining the pathology which clearly necessitated immediate intervention.

Treatment and Outcome

The treatment directed at mother appeared to be most significant in effecting overall improvement in the family's adjustment. Despite mother's initial lack of trust and hostility, her regressive needs for nurturance and approval facilitated a therapeutic bonding. The treatment was initially directed at helping Mrs S. to feel contained and valued. Once respect for her ego integrity had been established, mother was able to redirect her resources from a position of defensive hostility to more constructive attempts at dealing with her problems.

Partialising the problems and re-establishing specific boundaries within the family served to reduce stress all round. This freed both parents, but mother in particular, from feelings of paralysing guilt and inadequacy. Each member was encouraged to accept responsibility for dealing with discrete areas of their own functioning. Mother, encouraged and supported in the therapeutic relationship, began tentatively risking nurturant interactions with her daughter and husband. Both were able to respond positively and slowly a climate of mutuality was created.

Mother struggled to deal with her angry feelings and it became clear that much of this anger was a projection from her family of origin into her current situation. Changes in this regard would involve long-term therapy, but the more modest goals of the present treatment were directed at symptom reduction —

in-depth work leading to improved ego integration was not appropriate given the fragmented state of the family.

Given the limitations of dealing with mother's difficulties somewhat superficially, emphasis on concrete issues related to her conflict of roles and identity helped her to introduce some specific goals into her life.

She was able to state — without defensiveness or hostility — that she chose not to return to a full-time role as mother and wife as requested by stepfather and daughter. The family negotiated their needs and priorities quite successfully, and decided that Haley would become a five-day boarder. This enabled mother and stepfather to re-establish their professional and financial interests as well as stabilise their marital relationship.

Haley would benefit from the structured and containing environment of a boarding school but would be assured of constructive and positive family interaction at weekends.

3. Christine M:

Presenting Problem

Christine M was referred to the clinic by her school counsellor. The counsellor had been approached by two of her school friends who had become aware that she was deliberately injuring herself.

She had twice thrown herself from a galloping horse, had deliberately cut her forearms and hands on several occasions, twice punched through glass windows and had burned herself with cigarettes several times. Her friends were

concerned that this behaviour was going to lead to serious injury. They were also concerned that both her parents and family general practitioner seemed not to be aware that her injuries of the past six months were self-inflicted.

After an initial assessment interview, the counsellor persuaded Christine to accept a referral to the clinic. It was agreed that her parents would not be informed but that the social worker reserved the right to contact them if this was deemed necessary.

Highlights of the History

Christine, a 16-year-old matric pupil was the elder of two siblings from a wealthy, professional family. She initially described her family as being a happy, close-knit one and she felt grateful to have had the good fortune of having such loving parents.

She spoke in idealised terms about her home, friends, comfortable lifestyle and excellent school. She was at pains to explain that she had no real problems and was bewildered by the overwhelming feelings of self-hatred and anger which precipitated the episodes of self-injury. She described a very happy childhood which had, inexplicably, changed about a year previously when she began experiencing what she referred to as her "rages".

Further exploration of this idealised picture showed that major problems existed. She had become involved with a 19-year-old man, James, about fifteen months previously. He was her first boyfriend and she felt this relationship was very important and precious. However, it also created a great deal of stress for her as James was a young "coloured" man employed as a labourer at the stables where she rode every day. Despite the biting censure of her fellow riders, friends and family she and James had pursued their friendship. They

had been involved in a sexual relationship — without using contraception — for the past nine months and had detailed plans to marry in the near future. This relationship had created several areas of tension. These included: a constant fear of pregnancy; social isolation as neither was able to enter the other's socio-cultural milieu; enormous tension in her family and in particular her parents' ambivalent behaviour towards both her and James; her qualms concerning James' Standard 6 level of education and tendencies toward poly-drug abuse.

Christine felt very committed to James and expressed great anger about the life of deprivation and poverty which he had led. She was acutely distressed by the discrepancy between her own affluent comfort and the over-crowded, dirty, crime-ridden environment which James considered normative. James had been stabbed twice during drunken brawls around the open cooking fires at the labourers cottages where he shared a three-roomed house with four adults and six children. She had also been assaulted once during one of these Friday night "parties" and although she was appalled and frightened by what she experienced when entering James' world, she felt avoiding it meant escapism from "the reality of the apartheid society".

Her confusion was highlighted by her parents' behaviour because, "despite the fact that they have always been outspoken democratic liberals", they became increasingly opposed to her boyfriend. Her mother was particularly hostile and Christine spoke with derision and anger about her mother's "social embarrassment" and "hypocritical dilemma".

She was strongly determined to "fight back" and that she and James would rise above the "socio-political indoctrination" by which she felt they were surrounded.

Further exploration of Christine's anger and rebellion elicited painful material concerning her mother which she was initially unwilling to acknowledge. It seemed that she had always viewed her mother as a "very feminine woman". As Christine moved into adolescence she felt increasingly vulnerable as she could not be what her mother expected her to be. She became increasingly resentful of the pressures which she felt her mother brought to bear on her to conform to a female stereotype which she (mother) followed closely. Christine noted that during the past two years, her mother had "become even worse" in that she was now exclusively dedicated to her husband and family and she spend all her time trying to be "younger and prettier". Christine felt that her mother was especially unkind and critical because she (mother) was unhappy at getting older and having a teenage daughter. Christine was ambivalent herself about her femininity and her sexual identity. She felt confused and hostile toward her mother who had become central in Christine's emotional struggle. She needed her mother but felt increasingly alienated from her. She suspected that her mother was experiencing difficulties and this seemed to increase her own feelings of insecurity.

Assessment

It seemed that Christine was caught in a cycle of rebellion which was causing her enormous distress. Two themes emerged clearly: the first concerned her feelings of guilt and ambivalence about being a privileged daughter in a wealthy, loving family and the second theme related to her confusion about her female identity and role.

The second issue had become caught up in the first: in entering into a close relationship with James, she seemed to be incorporating all the dynamics into a single symbolic rebellion. The stress generated by the complex feelings of anxiety, conflict and anger which overwhelmed Christine from time to time,

led to her self-destructive behaviour and self-inflicted injuries. These injuries also served to elicit nurturance from her parents and could be seen as attempts by Christine to communicate her distress. Unfortunately the real dynamics were not understood and she thus felt forced to adopt increasingly dangerous and bizarre means of trying to engage her parents.

Her unsatisfactory relationship with her mother — which seemed to be the well-spring of much of the problem — had deteriorated even further. Christine felt increasingly unable to negotiate the transition from childhood into adulthood and her perception of her mother as an impossible role model exacerbated her distress.

Christine was acutely aware of her mother's behaviour: her extreme sensitivity to issues of femininity and sexuality was accentuated by the personal conflict which she sensed in her mother. She sensed her mother's withdrawal, hostility and defensiveness and interpreted these defences as further confirmation of her own fears that she was socially and sexually unacceptable. Christine attempted to deny these fears by pursuing her relationship with James — with an unconscious wish for rescue hence her attention-seeking rage outbursts.

Treatment and Outcome

The management of the case was handled in three distinct phases. The first phase involved crisis intervention with Christine with the aim of containing and stabilising her emotional state and thereby preventing further self-injury. Once this was achieved, it became necessary to address the issues which were precipitating her stress.

Once therapeutic bonds were thus established it was possible to incorporate Christine's parents — and principally her mother — into the management. In

the second phase of the treatment Christine was able eventually to share with her parents the difficulties she was experiencing with regard to James. A number of sessions were required in order for Christine and her parents to address the issues created by their social and financial circumstances. Their successfully addressing these issues enabled Christine to become closer to her parents — and begin dealing with the problem which lay between her and her mother. This represented the third — and probably the most significant phase of treatment.

Mrs M was seen individually as well as together with her daughter at this point. Mother required an opportunity to deal with some of her feelings which her daughter's difficulties had evoked. Christine and her mother both worked hard on dealing with the tensions which their differences created. Mrs M was able to acknowledge some of her dilemma to her daughter. In painful and difficult sessions, Mrs M and her daughter struggled to re-establish emotional links. They explored their feelings about female roles and stereotyping and both appeared to consider criteria which created major changes in their perspectives. Christine remained somewhat judgemental of her mother — a fact which both acknowledged but which no longer elicited the hostility experienced previously. Throughout the three phases of treatment, it became apparent that Christine had become far more emotionally contained. She was also significantly more positive about herself and her life ahead. In working well at school, making plans for university, taking contraceptive measures and once more participating in club activities at school, she demonstrated a growing maturity. Feedback from school personnel showed evidence of a changed pupil.

Pressure from a growing caseload necessitated limiting Christine's individual therapy to twice monthly once the conjoint sessions with her parents had ceased. She appeared to have negotiated her crisis well. She did still ex-

perience a great deal of stress arising from her relationship with James but the support of her parents enabled her to deal with the problem.

NOTE: Mrs. M decided to enter therapy privately at this point as she felt she needed further opportunity to examine issues which had been raised. She explained her decision in a subsequent letter as follows: "I saw with what courage my daughter faced the first battle of her womanhood. She has forced me to examine a number of things I was trying to avoid, and how I can try to face them".

4. Andrea T:

Presenting Problem

Andrea T, a 12-year-old Standard 5 pupil was referred for urgent treatment by her school principal after she had twice been found sitting on the platform at the local station during school hours. On the first occasion she had refused to explain her behaviour but on the second occasion — a week later — she cried bitterly and said she had planned to "jump in front of the train". She refused to say anymore but her obvious distress prompted immediate referral.

Highlights of the History

Andrea refused to be seen at the clinic and her single-parent mother initially provided the details of the recent history.

Andrea's father had become involved in an extra-marital affair two years previously and began disappearing from the family home for three or four days

at a time to spend time with his lover. Each time he returned, the family was in turmoil and father fluctuated from being repentant and tearful to being aggressive and hostile. Mrs T became increasingly distressed and after six months of what she termed "trying to battle against the current" she asked her husband to leave their home permanently. She felt she "had tried everything" and could no longer live with the situation.

Mr T moved out and Mrs T and her daughters (aged seven and eleven) were "very relieved but very sad". She felt both daughters had handled the break-up of the family well and although distressed and unhappy, they had adjusted fairly well to the situation. They had initially seen their father regularly but these visits became increasingly strained because of the poor relations between the girls and father's lover and her two young children. Father and his girlfriend were living together and the weekly visits had tapered off to irregular contact (i.e. once monthly) during the past nine months.

Mother did not understand why Andrea should be presenting with signs of distress now. She had noticed that during the two months prior to the referral Andrea had been irritable and distracted. Her class teacher had noted a deterioration in her schoolwork and classroom behaviour but mother had ascribed this to her beginning menstruation and "just being a difficult teenager".

Further exploration — with Mrs T becoming increasingly hostile and defensive — revealed that mother had found the past six months extremely difficult. She felt she had managed well during the break-up of her marriage and the post-divorce period. Although she was shocked and saddened, she felt that she had come to terms with her situation "within a matter of months". She was now in full-time employment and after three months in her new job, was given an important promotion. She said she was feeling increasingly confi-

dent and composed, was delighted to be earning an excellent salary, had redecorated her home, had bought a new wardrobe of clothes and was making new friends. She felt she was "a different person" and claimed to be very happy with her current lifestyle. She felt she was "well out" of her marriage and was pleased to have discovered facets of herself which had previously not existed.

Despite her claims to have adjusted well, further probing revealed that she had become depressed during the past few months. She had begun seeing Mike regularly, introduced him to her children and felt that there was "a good future in the relationship". Three months previously, she had been telephoned by a woman who had informed her that she was Mike's wife and that she was aware of the affair between her husband and Mrs T. She accused Mrs T of "trying to break up her family" and became very upset and abusive.

Mrs T had confronted Mike immediately and he had "finally told her the truth", i.e. that he had lied about being single as he was afraid that she would not have seen him otherwise, that he was very seriously committed to their relationship but that he felt trapped in his marriage because he could not leave his wife to struggle alone to take care of their youngest child who is severely mentally handicapped.

Their relationship had continued despite Mrs T's feelings of ambivalence and guilt. Her ex-husband had somehow found out about it and he accused her of hypocrisy and promiscuity. He had also intimated to Andrea what was happening. Andrea had not mentioned any of this to her mother who did also not refer to it.

Assesment

Mrs T felt very confused and despite her earlier description of an idealised post-divorce adjustment, was experiencing major difficulties.

These seemed to involve a number of different elements. She had not yet come to terms either with the fact of her divorce or the reasons precipitating the break-up. She appeared to have repressed most of her feelings and by a process of rationalisation and compensation, she had created a new self-image. Much of this new identity was created by externalised criteria — new decor, new clothes, new job — without her having internalised the changed emotional circumstances of her life.

The relationship with Mike appeared to be another element of denial. She claimed to have had no knowledge of his marriage and claimed to be totally opposed to extra-marital affairs but when confronted with his wife, continued to see him. She seemed to have difficulty in knowing what she really wanted — and then experienced enormous guilt.

Mrs T showed similar contradictions with regard to her daughter. She attempted to deny the extent and the probable cause of Andrea's stress, attempting to rationalise her behaviour in terms of biological changes. She clearly had difficulty in facing her daughter's pain which was so closely linked to her own. But because of her sincere love for her child, this denial was not wholly successful and hence her need to be hostile and passively aggressive.

Mrs T anticipated blame: she feared that she could be blamed for the failure of her marriage, blamed for the possible break-up of Mike's marriage and blamed for her daughter's current problems.

Andrea, unconsciously sensing the turmoil in which her mother found herself, had become overwhelmed. She had lost a much loved father, had lost the security of a happy home and feared the future implications of her mother's relationship with Mike. Her mother's rapid metamorphosis from being comfortable-mum-at-home to a somewhat phrenetic career lady, no doubt increased her insecurity. The information about Mike's marriage given by father and presented in strongly accusatory and pejorative terms, compounded her insecurity regarding her mother. If her father's girlfriend was the unscrupulous and amoral person her mother described, what was her mother who seemed to be involved in a similar situation?

Andrea's adamant refusal to have any form of professional help precipitated a significant crisis. Her mother, in trying to help her daughter, was forced to examine the painful realities which she had tried so valiantly to avoid. The focus of treatment fell on her without her feeling threatened — a situation was thus created whereby she could use support and counselling and have an opportunity of reflection about her life. She did not have to risk further vulnerability by asking directly for assistance.

Treatment and Outcome

Mrs T was seen initially on a crisis intervention basis. Once she had overcome her fear that Andrea may pursue her suicidal behaviour, Mrs T was able to accept weekly appointments.

The focus of treatment was all on Andrea and her mother's perceptions of why the girl was so distressed. In talking through the issues, mother's identification with and projection onto Andrea enabled her eventually to re-focus on herself.

She became acutely depressed at this point and both her daughters were sent to live with their maternal grandmother for two weeks. During this period, Mrs T decided to end her relationship with Mike.

When her daughters returned home, Mrs T felt able to share with them some of the difficulties she had been experiencing and explained that she would like them both to attend sessions with her at the clinic. Both girls agreed and they were seen on a bi-monthly basis for three months. Mrs T continued her weekly therapy.

Andrea appeared to have stabilised well within a period of weeks but her relationship with her father, already difficult, worsened considerably as she began to show feelings of anger and rejection. Andrea refused to consider the possibility of his joining a family session and chose to virtually sever all links with him. The younger daughter continued to visit him irregularly.

The treatment programme was terminated after four and a half months when mother felt she had resolved pressing issues. A three-month follow-up letter was not acknowledged but feedback via the school system suggested that the family had remained stable.

5. Susan P:

Susan, a ten-year-old Standard 3 pupil was referred by the school doctor because of her extreme obesity. All attempts by the doctor to persuade Susan's mother to help her with her serious weight problem had failed due to the mother's refusal to acknowledge the problem. After two years, the doctor was alarmed by the fact that the child weighed 108 kilograms and was still putting

on weight. Susan had difficulty in walking, was breathless and seemed to be increasingly handicapped by her enormous size.

Highlights of the History

Mrs P refused to discuss the matter and twice put the telephone down when attempts were made to encourage her into making an appointment at the clinic.

Collateral sources revealed that the family had undergone major stress during the past years. Mr P had been killed in a motor vehicle accident and his widow and three children (aged 18, 16 and 8) had been left dire financial straits. Mrs P had taken full-time job and sold the family home in order to provide for herself and the children.

Nine months after the father's sudden death, her eldest son was killed while doing his military service. The family was devastated by their second bereavement and mother, in particular, found the loss of her child very hard to bear. Her second son was called up shortly thereafter and then posted far away from home.

Mother, Susan and the deceased son's girlfriend seemed to spend a great deal of time together talking about their common loss. Cooking and eating appeared to have become a focus of their leisure time.

Mother had become very withdrawn and socially isolated. She had also become extremely protective of her daughter who spent all her free time with her mother and had even moved into mother's bedroom.

Extended family was very concerned about the situation as was the family general practitioner. All their attempts to persuade mother to seek professional medical or counselling help met with denial, anger and rejection. Their doctor expressed serious concern regarding Susan's emotional and physical well-being as her morbid obesity had, he felt, become a very serious problem. He expressed concerns that her weight posed a threat both to her health and her psycho-social adjustment.

Susan's school teachers described her as a warm, loving child who worked hard and achieved well. She clearly was embarrassed by her weight problem: she had difficulty in fitting into a desk, could do no physical exercise and was not able to play with her peers. She had expressed concern about her weight to the school doctor, but said that her attempts to diet were short-lived and that her mother became cross if she "didn't eat her food".

Assessment

Mother's refusal to co-operate made assessment very difficult. On the four occasions when she did speak on the telephone, her denial of the problem was evident. She rationalised that girls "are more rounded than boys" or that "we are all big people in this family" and "she's going through a stage". She seemed unable to accept the objective opinions of others, i.e., of two independent doctors, school staff and family members. She remained adamant in her denial and minimisation of Susan's obesity.

These defences seemed linked to her pathological over-feeding of this child. Food probably is a power symbol to Mrs P and thus became a symbolic means of ensuring that the only remaining member in her home remained alive. The bereavements which she had suffered during the past two years and the resultant loss of her home, family and identity, probably left Mrs P bereft and

beleaguered. Her response was a growing enmeshment with her only daughter and a desperate need to over-protect her by over-feeding.

It was likely that much of her behaviour could be viewed as a defence against her own depression and grief reaction. Her failure to negotiate her psychological trauma precipitated an unconscious need to preserve her attachment to her daughter. She seemed to view treatment of Susan's weight problem as a threat to her relationship with her daughter.

Mrs P had become over-invested in this relationship as a consequence of having lost all the other significant others in her world. Her previous roles of wife and mother had had to changed virtually overnight. She had been precipitated unwillingly into an entirely different set of roles — as breadwinner, widow and single parent — which were not of her choosing. Her current distress in making these life transitions was evident.

Treatment and Outcome

After six weeks of trying to persuade Mrs P to discuss Susan's situation, it became clear that she was unable voluntarily to accept help.

After consultation with the Child Welfare Society, a social worker from the agency went to see Mrs P. She informed her that her failure to follow up the medical treatment prescribed by two doctors constituted child abuse and neglect in terms of Section 14(4) (b) (4, 5 and 7) of the Child Care Act No.74 of 1983. Mrs P was initially furious and unco-operative. It was made clear to her that if she did not comply with the agency's stipulated treatment, serious consideration would be given to removing Susan from her care.

Her resentment at this "interference and blackmail" was enormous, but she eventually accepted the programme of treatment. This entailed her being seen once weekly at the Newlands Clinic, she and daughter attending a bi-monthly session at the clinic together, and complete co-operation with the prescribed doctor's regimen.

Mrs P found it extremely difficult to come for therapy: she hid her pain and anxiety behind an initially impenetrable facade of passive-aggressive and hostile behaviour. She slowly began to perceive the worker in less prejudicial terms as she came to accept that she was not being judged or blamed. Mrs P managed to work a lot of the pain she had repressed after the deaths of her husband and son. Much of the treatment was focused on these two issues with some additional exploration of her current functioning. She was unwilling to explore her present position as a widow and single-parent mother and remained resistant to discussing Susan's weight problem. The intervention was thus somewhat limited, in that it failed to address her current situation and psychological adjustment.

However, significant progress was achieved indirectly, in that Mrs P became very actively involved in assisting Susan with dieting and exercise. The child began losing weight immediately and her weekly medical check-up and weighing became a source of gratification for mother. Her mothering became a great deal more appropriate and contained. She began enjoying the recognition and praise which she and Susan received.

She remained resistant to more in-depth treatment and terminated the therapy without having addressed major identity issues. However, the precipitating problem had been reasonably successfully addressed in that Susan no longer presented a medical risk.

Chapter Five

DISCUSSION AND CONCLUSION

Careful examination of the foregoing cases shows that each of the mothers involved was facing a major developmental crisis at the time of the referral of her child for treatment.

The precipitating factors in these crises were each significantly different. However, the actual crisis seemed to have a particular similarity: Each mother was attempting to make a major transition from a role which had previously shaped and conditioned her life into new uncharted territory and the creation of a new role.

It seemed that this single issue became the focus of her adjustment and energy. It was clear that as each woman struggled through this transition, her functioning as a mother was considerably impaired. Leaving behind the familiar and venturing across the chasm of change to the unfamiliar seemed to mean a loss in areas of functioning, not only those directly linked to role fulfillment within the family. Clearly these women had viewed their role within the family as the central, the pivotal role within their ecosystemic functioning. When this role fell into question, they were overwhelmed in all areas of functioning.

The feelings which they expressed were linked to the fears surrounding these transitions. Case notes reflect the overwhelming existential basis of these fears : "I feel so alone", "I don't know who I am now", "I don't know what I'm supposed to be doing ... what people expect of me", "I know I'm supposed to change but I don't know how" and "I'm just lost ... absolutely lost".

These statements all reflect the ambivalence, the anxiety which these women experienced when the role stereotypes which they had accepted as the bedrock of their functioning, were suddenly challenged.

They clearly had come to formulate their identity, their very *persona* in terms of their familial roles. The extent of their crisis only became clear when the fundamental fear was raised "who am I now?" These issues of identity and individuation became central to the process of therapy. Each of the women seemed to struggle with these questions indicating that none of them had resolved these developmental issues in earlier — and more appropriate — developmental eras of adolescence and early adulthood. Instead, they were now attempting to redress this developmental lag.

Their children, who became the index patients, appeared to mirror these feelings. Much of their symptomatology could thus be seen to reflect the feelings of the mothers. None of these mothers had sought help in dealing with their difficulties and the child's referral provided a useful indirect means of obtaining assistance. The mother's compliance with the treatment plan then helped her to re-establish feelings of competence and of being "the good mother".

The role changes which these women were undergoing was perceived as threatening. None of the mothers was initially able to see her situation in positive terms — as an opportunity for growth or acquisition of new skills within

a context of life-long development. All viewed change as destructive and threatening. These threats were perceived on occasion as being overwhelming as evidenced by statements such as "I can't do it ... I can't change now" or "I can't go on" and "My life is a mess".

This initial phase was accompanied in two of the five women by suicidal ideation. All of the women experienced significant psychosomatic symptoms including headaches, sleep and eating disturbance, heart palpitations, tremors and weight loss/gain.

The women spoke poignantly about their "lost selves". They dealt initially with their painful sense of loss and the experience of bereavement. "I used to know who I was ... I knew how to behave and what was expected of me". Each woman grappled with her perception of her changed identity and this was the recurrent theme throughout the therapy.

In dealing with these issues of identity, it was significant that each woman began by examining criteria which could be viewed as external to the ego. Her thinking — and feeling — seemed conditional by this externalised criteria. Examples abounded: "My parents always wanted me to do ..." or "All my friends chose to marry straight after university" and "I was always told that ..." or "The world seemed to function that way ...".

This externalised locus of control and responsibility was reflected strongly in the language used. Personal pronouns were significantly lacking: Feelings were projected, responsibility placed elsewhere. Words such as "they" featured prominently and when forced by confrontation to use evocative words such as "I", "me", "my", "mine", these women became very stressed. They seemed to experience anxiety linked to having to identify and then express their own responses. Taking responsibility for doing this elicited enormous

resistance: They needed to remain passive to continue to see themselves as helpless victims buffeted by pressure beyond their control. All manner of external reality was invoked to rationalise their positions. "I suppose it was Fate" or "that's the way of the world".

These rationalisations seemed to be linked to the enormous guilt that these mothers felt with regard to their troubled offspring. They were strongly defended against this guilt: They typically exhibited defensive hostility, passive-aggressive behaviour and depression. Their children responded by seeing their mothers as rejecting and uncaring and their negativity served to compound the difficulties.

It was significant that neither the patient nor her mother appeared to view the father as being particularly important in either the etiology or solution of the problem. The focus of treatment — although conducted each time within a systems theory framework — was on the mother and the child. And despite the varied presenting problems and family dynamics, the theme of mother's role transition and adjustment remained central to the overall treatment.

A small number of cases as has been discussed in this study provides only a limited view of the issues. It is therefore unwise to attempt to find either causal relations or to generalise criteria.

However, given the limitations in the study, a number of significant issues emerge. It seems apparent that each of the mothers concerned was attempting to reconcile socio-cultural demands with her own intra-psychic function-

ing. The conflict thus generated appeared to be destructive, not only for the woman concerned but directly to her family as well. One sees therefore a seemingly inherent conflict between internal and external pressures: Is this a conflict which is common to all mothers or is it the particular consequence of the particular factors operating in the lives of these women? And if the latter explanation holds, what are the particular variables which precipitated the crisis in these children?

These questions clearly need to be answered if the damage caused by these conflicts is to be limited. Clinicians need therefore to look beyond the immediate detail of the case history and presenting problems.

This study has shown that this detail should be viewed within the broader parameters created by the socio-cultural ethos if sense is to be made of the individual and his problems.

This study has therefore attempted to draw on a wide-range of literature from the social sciences in order to broaden the clinical base of diagnosis and treatment.

Returning to literature sources, it becomes clear to what extent the coercive power of the stereotype has dominated female functioning. Stereotypes have virtually become imperatives. Hewlett states: "Women were trapped in the ultra-domestic world based on male-centred culture." (1987: 17) This view is repeated in the literature as, again and again, researchers have noted the powerful forces which ensured role-compliance. (Oakley, 1976; Stockard and Johnson, 1980; Vetterling-Braggin, 1973)

Much of the earlier militancy has apparently mellowed: the strident anger and judgemental tones seem to have given way to broad-ranging analysis. The

problems surrounding the position of women in society are no longer viewed as the direct consequence of male conspiracy. Instead, the focus has widened and individual (or indeed collective) 'blame' is no longer the pivotal point of argument.

One finds therefore that the most recent writing concerning female role transition has reflected a far more conciliatory position. The struggle for feminist rights remains heated. Miller (1988: 16) states: "Thus we are in a period of great flux, a time of transition, with trends in several directions."

She goes on to outline several major themes of change:

Many women, along with male allies, have tried to change political, economic, social, cultural and religious institutions, but these powerful structures do not yield easily: they respond with powerful counter-reactions. Each new step reveals the necessity for analysing more deeply the cultural and political forces impinging on us. (1988: 16)

As women's lifestyles change, they create options for themselves which did not exist previously. While many may see these developments as progress, it is necessary to also acknowledge the difficulties which can arise. These difficulties may be directly related to the mother's functioning but are also a consequence of the social learning and stereotyping in her husband and children.

The mothering role appears to be invested with a great deal of psychic energy — both by the mother and those around her. Strong pressures are therefore brought to bear on women to conform with the cultural criteria which define acceptable role fulfilment. Changes are therefore viewed with trepidation — and because of the powerful conscious and unconscious imperatives which operate with families, a major crisis can be precipitated if stereotypes are challenged.

The treatment of the presenting problem therefore is often not as obvious as it may seem at first. The five cases discussed in this study were viewed with a framework of systems theory. This approach appears to have been useful in that a holistic view prevailed which helped the clients to view their problems differently. Issues of blame, guilt and recrimination were thus defused. While this was useful, further work is clearly required in order to understand fully the complex dynamics of micro and macro factors which occur. Family life is changing and it seems necessary for social work practitioners to be aware of these changes and their implications.

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